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## **Traditional male circumcision: What is its socio-cultural significance among young Xhosa men?**

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# Traditional male circumcision: What is its socio-cultural significance among young Xhosa men?

## Abstract

*This paper explores the socio-cultural perceptions of Xhosa-speaking men on traditional male circumcision. Given that the ritual is painful and can result in 'botched circumcisions' (which get reported every year in the media), it is useful to explore the reasons young, urban men give for participating in it*

*Using the narratives of five young men from the Western Cape, four of whom have undergone circumcision, the study reveals that the ritual carries social and cultural significance and is understood primarily as an agent of socialization. The study affirms the findings of earlier studies that pressure from one's family is a major influencing factor in a Xhosa man's decision to undergo traditional circumcision. Respondents stress the importance of the ritual in 'becoming a man', but point more to the endurance of pain than to changing one's subsequent behavior as a marker of that transition.*

Keywords: *male circumcision, masculinity, ritual, social pressure*

## 1. Introduction

This paper explores the socio-cultural motives of young Xhosa men who, though mindful of all the associated risks, choose to undergo traditional circumcision against a backdrop of thousands of botched circumcisions which have in some instances resulted in the death of initiates<sup>1</sup>.

Studies have shown that in spite of numerous circumcision-related complications and premature deaths there is still significant support for the practice of the ritual among the Xhosa. Vincent notes that in spite of the evident dangers of male circumcision, "the practice is by no means a dying relic" with approximately 10 000 Xhosa males circumcised yearly in the Eastern Cape

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<sup>1</sup> The Eastern Cape provincial Department of Health in South Africa recorded 2262 hospital admissions, 115 deaths and 208 genital amputations for circumcisions between 2001 and 2006 (Meissner & Buso, 2007 cited in Peltzer et al., 2008)

(Vincent, 2008: 434). Although a recent report suggests that the ritual may be starting to lose its grip on young Xhosa men<sup>2</sup>, a large proportion seems to regard the practice of the ritual as an absolute necessity.

In spite of the far lower rates of adverse events associated with medical circumcision (i.e. circumcision carried out in a medical setting)<sup>3</sup>, this option continues to face considerable resistance among the Xhosa. Commenting on this issue Henderson Dweba, head of traditional health services in the Eastern Cape health department argues that, “a clinical approach is scorned by many of our people; it’s not something we can consider” (IRIN/PlusNews, 2007). Indeed, according to ethnographic work in the Eastern Cape, morbidity and mortality are considered normal, with complications being seen as punishment for some wrong-doing, and deaths being seen as a way of separating out boys who are not fit to be men (Meintjes, 1998; Stinson, 2008).

With a few exceptions (e.g. Vincent, 2008; Silverman, 2004; Rain-Taljaard, 2003), the bulk of research on male circumcision tends to centre on circumcision-related complications and the biomedical aspects of male circumcision (Okeke et al., 2006; Peltzer, 2008; Connolly et al., 2008; Williams et al., 2006)<sup>4</sup>. Specifically, male circumcision has come under the spotlight in recent years following preliminary findings from three randomized clinical trials in South Africa, Uganda and Kenya which suggest that male circumcision can lower the risk of HIV infection by approximately 60%<sup>5</sup> (Bailey, et al., 2007 and Gray et al., 2007). Since then quantitative studies have come to dominate the debate on male circumcision, concluding that male circumcision should be offered as an HIV prevention intervention.

However, while statistical analysis is instructive in informing the role of male circumcision in public health, an equally important role exists for high-quality social and behavioral research. In South Africa for instance where male circumcision has been practiced for decades, primarily as a rite of passage, male circumcision needs to be understood as more than just a medical intervention. As Niang and Boiro (2007) point out, failure to analyze the biomedical paradigm of male circumcision in tandem with other dimensions of male circumcision will diminish the complexity of the issues related to male circumcision in Africa (Niang and Boiro, 2007: 31).

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<sup>2</sup> Huisman, B, *Sunday Times*, August 2009 : Son takes parents to court over circumcision

<sup>3</sup> In a study on male circumcision in a medical setting conducted by Westercamp and Bailey (2007) the adverse events report in three randomized control trials was under 2% in about 10 000 young men who were circumcised (Peltzer et al., 2007)

<sup>4</sup> See also Westercamp and Bailey (2006), Wawer et al., (2005), Siegfried et al., (2003), Fergusson et al., (2006)

<sup>5</sup> The initial paper suggesting protective benefits of MC against HIV was published in 1986 (Sawires et al., 2007: 17)

This study aims to contribute to our understanding of the issue by employing a narrative approach to capture the perceptions of those who practice male circumcision for socio-cultural reasons. Specifically, the study explores two questions: (i) why Xhosa males choose to undergo traditional circumcision as opposed to medical circumcision (i.e. what is the personal significance of ‘going to the mountain’) and (ii) the extent to which social pressure influences the decision to undergo traditional circumcision. The use of a narrative approach enables open discussion and as such provides opportunities to gain insights into several other aspects of traditional male circumcision.

The paper is organized as follows: Section Two outlines the theoretical framework. Section Three describes the research methodology while Section Four discusses the research findings. Section Five provides an overall discussion and Section Six concludes.

## **2. Theoretical Framework**

### **Conceptualization of male circumcision**

Male circumcision carries a complex significance which tends to be glossed over by the biomedical paradigm. More than being simply the removal of all or part of the foreskin (or prepuce), the practice carries layers of meaning. As Peltzer et al. (2007) point out, male circumcision is “a holistic concept with multiple and interconnected dimensions- religious, spiritual, social, biomedical, aesthetic and cultural (Peltzer et al., 2007: 659).

As a religious rite it has been practiced within Islamic and Jewish communities since time immemorial. Christians have widely varying beliefs and inconsistent practices regarding male circumcision (Sawires et al., 2007: 32). Among the Jews, neonatal male circumcision is practiced on the eighth day after birth in keeping with Abraham’s covenant with God in which God promised Abraham that He would make him the father of many nations. Abraham in turn received the following instruction from God: Every male among you shall be circumcised...it will be the sign of the covenant between me and you. For the generations to come every male among you who is eight days old must be circumcised... (Genesis 17: 10-12). For Muslims on the other hand, the timing is less precise but it is usually during the pre-school years or immediately before marriage (Funani, 1990).

Male circumcision appears to be becoming common practice among non-religious persons for a variety of reasons<sup>6</sup> ranging from the belief that it enhances sexual pleasure to claims that it lowers the risk of HIV infection, prevents penile<sup>7</sup> and cervical cancer and lowers the risk of urinary tract infection (Menage, 1999: 215). There is evidence to suggest that cervical cancer occurs at a higher rate in the female partners of uncircumcised males and that male circumcision reduces the risk of genital ulcer disease and HSV-2 infection which has the dual benefit of reducing HIV-transmission rates. (Sawires et al., 2007: 17). Additionally, there has been increasing evidence suggesting a reduction of STIs (sexually transmitted infections) in circumcised males (Sawires et al., 2007: 17). A 25-year longitudinal study of a cohort of more than 500 New Zealand males found that uncircumcised males were 3.19 times more likely to contract STIs than circumcised males (Sawires et al., 2007: 17).

In many parts of Africa male circumcision is practiced primarily as an initiation ritual into adulthood. While specifics may vary across the region, and while the ritual has undergone certain changes over the years, the practice is conducted under non-clinical settings and overseen by traditional practitioners, hence the term traditional/ritual circumcision as opposed to medical/clinical circumcision.)

Traditional male circumcision, is by far the most secretive and sacred rite practiced by the Xhosa (Vincent, 2008: 434). It is a socially significant act which culminates in a boy's integration into the community and grants him acceptance and respect from other community members (Stinson, 2008). It is therefore a ritual which not only marks a boy's transition to manhood but also affords him legitimate membership in the tribal community. As such traditional male circumcision entails a change in status and the creation of a new identity.

Among the Xhosa, male circumcision is performed as a rite of passage on boys between the ages of 15 and 25 although reports of much younger initiates are not uncommon. As such male circumcision is not necessarily linked to physical development and maturity (Stinson, 2008). In fact Vincent notes that, "while it is common within Western legal systems to regard the age of 21 as the legal age of majority, it is foreign with Xhosa cosmology to regard majority and minority as being dependent on age in years," (Vincent, 2008: 441). For the Xhosa male adulthood is marked not by one's age but by his journey to 'the mountain.'

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<sup>6</sup> In New Zealand and Australia however, the rate of male circumcision has declined substantially in recent years (Sawires et al., 2007:21-22)

<sup>7</sup> Penile cancer is a rare disease with an incidence of approximately 1 per 100 000 in developed countries. Evidence suggests that neonatal circumcision may reduce the risk of penile cancer 10-fold (Sawires et al., 2007:22)

By contrast to the Xhosa, male circumcision is practiced at a late stage in life in the West African Balante society, at an average age of around 40 (Niang and Boiro, 2007) while for other West African ethnic groups such as the Manding and the Wolof the ritual is generally practiced between the ages of six and 13 (Niang and Boiro, 2007: 28). Moreover, in some cases circumcision and initiation are not performed within the same ceremony. Indeed, in some West African communities circumcised men sometimes have to wait for a number of years before they are initiated, while in some ethnic groups initiation precedes circumcision (Niang and Boiro, 2007: 26). Another distinction is the frequency of the circumcision event. While male circumcision is conducted biannually among the Xhosa (June/winter and December/summer), in some West African communities circumcision ceremonies are carried out every four to six years and at times even after 16 years (Niang and Boiro, 2007: 28).

In South Africa traditional circumcision is often referred to as ‘going to the mountain’ or ‘going to the bush’ since traditionally, initiation schools were situated in a secluded location far from the community, somewhere in a relatively wild, uncultivated area. These days however, because of the limited availability of space some initiation schools are located within close proximity of the community making them highly unpopular with prospective initiates as they diverge from the traditional practice of going to a secluded place. This is particularly true of initiation schools in the Western Cape and was mentioned in the interviews conducted as part of this study as one of the main reasons why the Eastern Cape is the preferred location for traditional male circumcision.

## **Male circumcision as a rite of passage**

Rituals are often frowned upon and misconstrued as meaningless acts by those on the ‘outside.’ In defense of ritual practice, Durkheim explains that “behind these outward and apparently unreasonable movements” lies “a mental mechanism which gives them a meaning and a moral significance” (Durkheim, 1976: 348).

Specifically, a ritual can be defined as a way in which members of a society communicate values and ways of living through psychological, social and symbolic interactions and teaching (Stinson, 2008). Alternatively rituals can be thought of as a means of ‘inventing’ tradition so as to afford a sense of legitimized continuity with the past and to experience tradition as fixed (Hobsbawn and Ranger cited in Bell, 1992: 120).

Ceremonies such as traditional male circumcision generally consist of three distinct phases, namely: (i) separation, (ii) transition and (iii) incorporation (Funani, 1990:24). Although specifics will differ, this three-fold classification is observed among most circumcising ethnic groups.

The separation period is often preceded by a symbolic act signifying separation of the initiate from his former state. Among the Xhosa the prospective initiate discards his old clothing to younger siblings and relatives in exchange for blankets, in a symbolic break with the past (Vincent, 2008: 435). In the West African Balante society the separation period is a time of mourning, marked by sadness in the village and the suspension of all recreational activities (Niang, Boiro, 2007: 26).

In West Africa, the soon-to-be circumcised undergo spiritual preparation which includes ritual baths and the correcting of any injustices committed, “for the sacrifice<sup>8</sup> must be undergone only by those who are pure,” (Niang and Boiro, 2007: 27). It is believed that if the boy does not partake in this spiritual preparation he could die during the circumcision retreat because of his extreme vulnerability to evil spirits and malevolent supernatural forces (Niang and Boiro, 2007: 27). In South Africa preparation before the ritual takes a more practical form as legislation now requires that all would-be initiates undergo medical examination before undergoing the traditional procedure<sup>9</sup>. However, it is not clear whether this law is strictly adhered to.

Following the preparatory ceremony, prospective initiates go into seclusion at an initiation school somewhere “at the mountain.” In the past the ritual would last several months (3-6 months).

## **The transition period: “the creation of socially responsible men”**

### **Socialization and agents of socialization**

Socialization may be defined as the process by which a person learns the ways of a given society or social group so that he or she can function within it (Elkin & Handel, 1989: 26). It is a life-long process of continual learning and development which entails constant interaction with “significant others” i.e.

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<sup>8</sup> The meaning of the word ‘sacrifice’ in this context is uncertain.

<sup>9</sup> In an attempt to reduce the number of botched circumcisions conducted in non-clinical settings the Eastern Cape Legislature promulgated the Application of Health Standards in Traditional Circumcision Act No. 6 of 2001, a law which regulates traditional male circumcision (Karl Peltzer et al., 2008: 5)



people who play important roles in that person's life, in "emotionally significant contexts" which are "shaped by social groupings of varying scope," (Elkin & Handel, 1989: 27). These significant or influential people, groupings and institutions are referred to as agents of socialization, as they are agencies of the larger society. In other words, they teach the individual what society expects from them.

Agents of socialization vary from society to society. However, almost universally an individual's parents or members of the nuclear family are the primary agents during the first stage of socialization. The family is the first unit with which an individual has continuous contact from birth right through the formative years. As Elkin and Handle (1989) explain, the family "is a world with which they (children) have nothing to compare and, as such, it is the most important socializing agency," (Elkin & Handle, 1989: 138-139). Indeed the primary role of the family as a socialization agent is inextricably linked to the excessive pressure faced by young Xhosa men to partake in traditional circumcision as will be discussed later. While it is true that the family is not as all encompassing today as it once was, it is also true that from a very early age the family becomes an individual's "reference group", the first group whose "values, norms and practices the child adopts and refers to in evaluating his or her own behavior," (Elkin & Handle, 1989: 143).

Other important agents of socialization include educational institutions which are an important feature of the later stages of one's development. The school in particular, has the important role of developing children's respect for the established political and social order (Elkin & Handle, 1989: 161). Elkin and &Handle argue that the school "seeks to pass on to children the knowledge, sentiments, skills and values that have been built up over time and presumably thereby provide children with the resources they will need in their adult roles," (ibid: 161-162). Rituals such as circumcision are also deemed important agents of socialization in some societies, as the responses in a later section will reveal.

Traditionally, the ritual was seen as a vital means of entrenching social norms and imparting cultural knowledge to initiates. It was a time when 'boys became men' through their adopting a more socially responsible approach to life. As such, the surgical procedure needs to be understood as but a small component of a much broader initiation process. The transition period is intended to be an educational experience whereby boys are instructed on the "dignity of manhood," (Wilson et al., 1952 cited in Vincent, 2008: 436) through sexual instruction as well as instruction in the history, traditions and beliefs of the amaXhosa (Vincent, 2008: 436).

The issue of sexual instruction requires some amount of attention particularly in light of biomedical efforts to utilize male circumcision as an HIV reduction intervention. According to Vincent the role which circumcision schools once played in the sexual socialization of young Xhosa males has been eroded over the years (Vincent, 2008: 433). Specifically, Vincent argues that the sexual socialization role of the institution of circumcision among the Xhosa has been “replaced by the emergence of a norm in which circumcision is regarded as *a gateway to sex* (emphasis mine) rather than as marking the point at which responsible sexual behaviour begins,” (ibid). This, she adds poses a real challenge to campaigns for circumcision aimed at curbing HIV which are layered on messages of abstinence and sexual responsibility (ibid). It is worrying to learn of the emergence of the notion that initiation affords men unlimited and unquestionable rights of access to sex and that masculinity is increasingly being defined by the numbers of sexual partners one has (Vincent, 2008: 437). Recent reports that new initiates are encouraged to have sex as soon as possible as part of the necessary ‘cleansing’ and that they should have it with women of ‘lesser value’ (i.e. women known to have had many partners) has lead to concerns about the spread of rape and HIV (Bell, 2009).

The emergence of the notion among the Xhosa, that initiation is a “permit to sex” (Vincent, 2008: 441) is in sharp contrast with the sexual education found in the circumcising societies of West Africa. Sexual reserve and control are emphasized during the period of initiation (Niang and Boiro, 2007: 30). In fact, the young initiates are warned that “if they resume sexual relations before waiting a long time, their foreskins will grow back again, and they will have to undergo a new, even more painful circumcision,” (ibid).

An important feature of the transition period is the test of courage and endurance. In contrast to medical circumcision, which is performed with anesthesia, traditional male circumcision among the Xhosa is conducted using a blade (or a spear in some instances) in the absence of anesthesia. At the precise moment of cutting, the boy is required to shout ‘ndiyi ndoda’ which means “I am a man.” As many initiates have confirmed, it is the ability to endure the pain of the blade without flinching which proves that one has indeed transitioned into manhood. To a large extent this is what distinguishes the ‘bush man’ from the ‘hospital man.’ As many of Meintjes’ interviewees (young men in the Eastern Cape) pointed out, “the operation done in the hospital does not test the boy as the medication and anesthetic administered prevent him from experiencing pain,” (Meintjes, 1998: 89). In a recent South African publication written by a young Xhosa man who personally suffered a botched circumcision in the Eastern Cape, the following conversation ensues between the author and his friend prior to the circumcision:

Finally he told me things I was to avoid. Above all the cautions, Mc-Squared emphasized that I should avoid landing up in hospital at all costs. 'It is better to die than go to hospital. It would be the end of you anyway,' he warned me. 'There's no living space for failed men in our society. Either you become a man the expected way, or you are no one at all.' (Mgqolozana, 2009: 65).

The transition period is characterized by an intense training regimen. One West African informant explains:

the harder the situations in the external world (bullying by the colonial system, social injustices, etc), the harder the camps of retreat will be; initiates have to learn to know themselves and what to do in the face of what they will confront throughout their lives (Niang and Boiro, 2007: 30).

Among the Xhosa the period immediately after the operation is characterized by extreme physical privation such as strict restrictions on fluid intake and severe dietary regulations. Moreover, in some instances initiates are subjected to severe beatings as punishment for an offense committed while initiates are still at the mountain. Momoti reports that among Thonga initiates, "sometimes the boys would be exposed to the cold at night by being forced to lie naked without blankets, using only light grass to cover their bodies," (Momoti, 2002 cited in Vincent, 2008).

There are those who argue that the modern-day ritual has largely become a money-making scheme which digresses significantly from the practices of ancient times, and as such has lost its traditional ethos (Ncayiyana, 2003).

### **Incorporation: rites of passage and ritual transformation of the body**

Other than being a biological reality the body is also a social construct and is often used to convey cultural or religious values. Synnott (2001) argues that "the body is not a 'given' but a social category with different meanings imposed and developed by every age, and by different sectors of the population (2001: 1). Similarly, Bell notes that many people view the body as the "foremost of all metaphors", for a society's perception and organization of itself (Bell, 1992: 95). To that end, male circumcision can be viewed as a physical manifestation of aspects of a society's traditional value system.

Because the ritual is performed collectively, the permanent body alteration represents a sense of communion. According to Helman, “physical symbols placed on or incorporated as part of the body illustrate the relationship of an individual to their social context to the extent that ‘the body is the tangible frame of selfhood in individual and collective experience’” (Helman cited in Stinson, 2008).

Upon returning to the community, initiates announce their newly acquired status through a new dress code. It is mandatory for the recent graduate to wear a cap and blazer<sup>10</sup> for a six month period following initiation. More than just being an indication that one has been to ‘the mountain’ the new clothes signify that the circumcised man is re-entering “society as a new, transformed individual who will be expected to fulfill new roles in society,” (Turner 1982 cited in Vincent, 2008: 436). Thus as Peltzer et al. (2007) note, “from a cultural analysis perspective, the body functions as a fundamental metaphor, an important surface on which the marks of social status, family position, tribal affiliation, age, gender and religious condition may be displayed or hidden,” (Peltzer et al., 2007: 662).

## **Becoming a man: the construction of masculinity<sup>11</sup>**

Jenkins (1996) defines social identity as “our understanding of who we are and who other people are...” (1996: 4) Similarly, gender construction may be understood as the way in which a person, a group of people or a whole society builds an understanding of what it means to be a man or a woman (Lindegger, 2005:9). In addition, gender construction is revealed in the behaviors that men and women engage in (Lindegger, 2005: 9). For the Xhosa, becoming a man signifies that one is now eligible to marry, to inherit land and to participate in family court (Vincent, 2008). It is an identity which comes with (or is meant to come with) greater responsibility.

It is important to note when discussing gender construction that several versions of masculinity exist in different settings. Specifically, gender construction varies with culture and historical moments (Connell, 2007). Indeed we would expect South African masculinities to differ from Chinese masculinities for various reasons such as differences in the socialization process. Similarly we would

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<sup>10</sup> The dress code is in this context particularly interesting as a cap and blazer usually denotes the quintessential English gentleman. It is interesting to note that embedded in this highly traditional practice is a Western element which participants of the ritual do not consider somewhat contradictory.

<sup>11</sup> There is a large body of literature on gender research. For the purposes of this study a brief summary of the main tenets of the construction of masculinity was deemed sufficient. For a more comprehensive discussion on gender analysis the reader is referred to Connell, 2000, 2002 & 2005a, b and Kimmel, Hearn and Connell, 2005.

expect that the manner in which masculinities are created in the modern era differs from the gender creation process centuries ago. What is more, multiple masculinities exist even *within* the same culture (Connell, 2007). So while differences exist between Chinese and South African constructions of masculinity, we can also readily identify differences between Zulu and Xhosa masculinities.

Masculinities can be analyzed on both a micro and macro level. On an individual level gender construction is about understanding who one is as a single entity. However, patterns of gender also exist as social collectives such as armies and bureaucracies as well as informal groups such as friendships, families and networks (Connell, 2007). Connell describes this as the ‘collective reality of gender’ and explains that this sense of belonging to a particular group is an important reason why it is challenging to bring about change in gender practice simply by persuasion (Connell, 2007). Specifically, she argues that while an individual man may be willing to change, the institutional setting, or the peer group culture to which he subscribes pushes in the other direction (Connell, 2007).

The exclusion of women from the entire initiation process in Xhosa tradition carries social and cultural significance. Not only are women denied access to the initiation schools, but they are also forbidden knowledge of the central aspects of the ritual, as are uncircumcised males (“boys”). This restriction not only affirms the inferior position of women in Xhosa culture but it also delineates quite stridently the separateness of the sexes. Indeed the primary intent of the ritual is the cultural construction of the male/female binary through physical separation of men and women (Schneider & Schneider, 1991:279). As Jenkins (1996) argues, the creation of an identity is essentially the establishment of similarities *and differences* between people (1996: 4). Traditional circumcision therefore illuminates the qualities that separate boys from men and males from females (Schneider & Schneider, 1991:287).

An important point to note when discussing gender construction is that it is a social learning process (Connell, 2007). Both masculinities and femininities are created over very long periods of time, during which they are exposed to ‘complex social influences,’ (Connell, 2007). On this issue, Connell (2007) points out that, “much of the popular discussion of masculinity focuses on the influence of older men (especially fathers), but the research demonstrates that women too are deeply involved in this process - as mothers, relatives, friends, sexual partners, and workmates.”

## Pressure to go to the mountain

There is a stigma attached to being an uncircumcised Xhosa male as a number of responses in Meintjes' (1998) study confirmed. He relates that some boys are excluded at school from social groups because they have not been to the mountain (Meintjes, 1998: 103). Moreover, those who are uncircumcised are expected to treat circumcised 'men' with a certain amount of respect regardless of their age.

Some have argued that the resilience of male circumcision among the Xhosa lies not in its perceived social value but rather in the social pressure on those who have not yet been to the mountain. This social pressure is often experienced from one's family and peers. A number of interviewees in Meintjes' (1998) study pointed to the fact that their older brothers and fathers before them had undergone circumcision and they *therefore* felt compelled to participate in the ritual. Meintjes noted that there was a "sense that boys are born into a system which they must follow out of respect for their immediate family and their ancestors, as well as their culture," (Meintjes, 1998: 94). One of his informants commented, 'it's just a fashion. You do it because your friend has done it' (ibid: 93).

Vincent tells of the ridicule and harassment experienced by the uncircumcised man at the hands of those who have been to the mountain. The uncircumcised are discriminated against in various ways which are often embarrassing and frustrating such as being treated as servants at the beck and call of circumcised males or being delegated cooking and cleaning tasks which are traditionally feminine tasks (Vincent, 2008: 440). It is interesting to note that "uncircumcised males frequently report that they are the first to be blamed when crimes are committed based on the assumption that to be circumcised is to be irresponsible and incapable of moral worth," (Vincent, 2008: 440).

On this issue Xhosa males have mentioned that in addition, there is significant amount of pressure from the opposite sex, be it from their mothers or women their age. In Meintjes' (1998) study one respondent felt that "a woman is undermined if she goes out with a boy," (ibid: 105). Indeed a couple of studies have found that women prefer circumcised men although their reasons vary (IRIN, 2007; Peltzer et al., 2007: 661). One woman is quoted as saying male circumcision is "...an advantage for women who are married to men who are cheating," (IRIN/PlusNews, 2007) – presumably because of the protective effect of circumcision against HIV infection. In one South African study, 13% of circumcised men reported undergoing circumcision because their partner expressly requested it (Lagarde et al., 2003 cited in Peltzer et al., 2007: 661).

Peltzer et al. (2007) argue that the prevailing literature on male circumcision has not grappled with the role of women in decision making processes related to male circumcision as well as the effects of male circumcision on women and gender (Peltzer et al., 2007: 661).

### **3. Methodology**

Male circumcision is said to be the most secretive and sacred of rituals practiced by the Xhosa. Access to knowledge regarding the initiation process is particularly limited especially for women. Indeed, in the past, discussing the intricacies of the ritual with women or men who had not yet been to the mountain was considered an absolute abomination. These days however, while these restrictions still stand there seems to be an increasing willingness on the part of initiates to share some of this sacred knowledge. However, the expression “what happens at the mountain stays at the mountain,” is still a common adage.

The research instrument used for this study was in-depth face-to-face interviews. A narrative approach was deemed appropriate as narrative analysis allows the researcher to gain understanding from the perspective of the teller, in the context of their lives (Gilbert, 2002: 227). The use of narratives or the telling of stories as a research technique has been endorsed by Bruner (1991) Sarbin (1986) and Widdershoven (1993) (cited in Brandt, 2008) who regard the telling of stories as a “defining aspect of human experience since it is through this process that individuals construct, interpret and make meaning of experience,” (Brandt, 2008: 6). Indeed as Niang and Boiro (2007) argue, “it is crucial to give voice to local people and to understand how they conceptualise male circumcision within their own philosophical systems, social dynamics, gender relations and symbolic modes of learning and transmitting knowledge,” (Niang and Boiro, 2007: 31). Failure to do so will obscure the fundamental question of what we can learn from local cultures in relation to circumcision in order to combat HIV/AIDS effectively (Niang and Boiro, 2007: 31-32).

### **Interviewee profiles**

Purposive sampling was employed in generating the study sample which comprised four ‘men’ and one Xhosa man who refuses to be circumcised (and who is also openly homosexual). Table 1 below provides profiles of the

interviewees. It shows that two were students, two were unemployed and one (the older of the five) was employed.<sup>12</sup>

**Table 1. Interviewee profiles**

<b>Name</b>	<b>Thabo</b>	<b>Kgomotso</b>	<b>Trevor</b>	<b>Andile</b>	<b>Lungi</b>
Age	30	19	22	20	<b>19</b>
Occupation	Researcher	Student (grade 12)	Student (grade 12)	Unemployed	<b>Unemployed</b>
Place of birth	Eastern Cape	Western Cape	Eastern Cape	Eastern Cape	<b>Eastern Cape</b>
Place of circumcision	Eastern Cape	Eastern Cape	Eastern Cape	Eastern Cape	<b>Refuses to undergo circumcision (homosexual man)</b>
<b>Age at which interviewee was circumcised</b>	<b>19</b>	<b>19</b>	<b>21</b>	<b>20</b>	

## 4. Results

The key findings from this study are threefold. Traditional male circumcision is perceived primarily as an agent of socialization. Interviewees claimed that this was the main reason for undertaking the ritual. They described the experience as resulting in a behavioral change necessary for the transition to manhood. Secondly, the ritual plays the vital role of separating the boys from the men by subjecting initiates to severe physical pain. This is meant to test their ability to endure pain as well as to prepare them to cope with challenging circumstances in the future. Pain (which would be circumvented to a large extent during medical circumcision) is thus deemed an essential part of becoming a man. Lastly, interviewees admitted, albeit reluctantly, that the decision to undergo medical circumcision was greatly influenced by their family and peers. There is a stigma attached to being an uncircumcised Xhosa man as noted earlier. What is more, medical circumcision appears to carry a stigma of its own.

### **Traditional circumcision is perceived as an agent of socialization**

All interviewees voiced the notion that traditional circumcision is an agent of socialization, intended to nurture the initiate. As noted by Vincent (2008: 438)

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<sup>12</sup> The names of interviewees have been changed to protect their identity.



the circumcised man is expected to take greater social responsibility in his community, to act as negotiator in family disputes as well as cooperating with elders.

Andile a recent initiate at the time of the interview felt that the initiation process has transformed his mind set in a positive manner. In describing his personal journey he noted:

*I feel that I'm different now. I've learnt to respect the elders. I used to carry booze in the street carrying my dumpie, but I can't do that anymore because I'm wearing these clothes (the new clothing initiates are required to wear upon returning to the community). But after I put down the blazer I can do that, but I can't do that now.*

The above quote suggests that some personal transformation had occurred, although – judging by the last sentence – Andile seemed to be indicating that the transformation was limited and that once he could remove the blazer, he can return to his old ways....

Kgomotso also highlighted the view that the initiation process is intended to create socially responsible men – but that the process was not always successful:

*I think they tell you how to become a man because over that three weeks that you're there they tell you what you must do when you get home, how you must act. They tell you that you've changed now you're no more a boy, you must do man stuff, so they try to put you in a right direction, but some of them they still do what they did when they were still boys.*

Trevor spoke about the paradigm shift that is expected to accompany the transition to manhood:

*You have to change. If you always fight, now don't fight anymore. Just talk as a man. Change your attitude, your way of living. If you are a person who likes drinking alcohol ...they don't say don't drink alcohol. You can drink but limit. Don't do things whereas boys are not doing that. Why you went there, but you're not changed? You see I always liked too much girls but since I went there I know that I have to act like older people.*

Regarding the issue of multiple partners, it is interesting to note that informants in a previous study also mentioned that “having large numbers of partners was what boys do,” and that as circumcised men they should have one partner (Wood and Jewkes cited in Vincent, 2008: 438). However, Vincent argues that in reality a large number of those who profess respect for initiation teachings

seem to quickly lapse into pre-circumcision behavior (ibid). Meintjes (1998) explained that this could perhaps be a result of the relatively shorter initiation period i.e. 3-4 weeks as opposed to several months in the past. Not only is it difficult to foster a permanent paradigm shift within such a short space of time but perhaps as Vincent notes, many of these boys undergo circumcision when they are much too young and thus do it for the ‘wrong’ reasons (Vincent, 2008: 438). Alternatively, it could be that the young men themselves are putting a different construct on circumcision – one which highlights pain and masculinity rather than so called traditional and conservative behavior.

It was interesting to note that the interviewees themselves acknowledged that although the ritual is essentially meant to be a socialization agency it does not necessarily imply the adoption of socially responsible behavior. Kgomotso speaks on this:

*there’s a boy, there’s a man in my class, but his behavior is like a five year old child but I still have to call him a man, but his behavior hasn’t changed... In the olden days they would circumcise if now you are a robber, stealing from the neighbours, so they send you there to become a man so you don’t do that stuff anymore. I know one from my neighbourhood; he still does the same thing. For me I think that it was up to him to change. He had to decide for himself whether he wanted to change or not.*

The above responses reveal that while circumcision is intended as a process of socialization, the adoption of a more socially responsible outlook by the initiate is not guaranteed. This is captured in a conversation between a soon-to-be initiate and a friend who has already been to the mountain:

‘You might do everything right and come out healed but you remain a boy if you cannot articulate your manhood,’ he told me...each and every man has the responsibility to articulate his way into manhood. By that I mean you can’t tell us you are a man simply because you don’t have a foreskin, or because we were there when you were circumcised. There are many people who don’t have foreskins and whose ceremonies we attended but they are not necessarily men, you see. Our process is orderly, and it is this orderly process, which begins the minute you declare yourself a man, that you need to gain eloquence in articulating. Not only must you understand manhood as a concept but you need to experience it...’ (Mgqolozana, 2009: 65)

## Traditional circumcision tests a man's ability to endure pain

In his 1998 study, Meintjies found that the overriding significance of the bush experience (among the youth) was the pain and suffering one endures throughout the initiation process. "You have to feel the pain" was the primary response given by his informants. When asked why it was important to undergo traditional circumcision which was a more painful and potentially life threatening procedure, interviewees in this study had this to say:

Thabo:

*For some people it felt like cheating because at the hospital you'll be under anesthesia. And although the actual circumcising is not one of the major reasons why you go there, you have to feel the pain, that I'm a man now because exactly after they've circumcised you, you are forced to say 'ndiyi ndoda' which means 'I'm a man.'*

Andile:

*You have to work hard to be a man. It's hard work there. In the hospital work is for the doctors only. At the mountain you have to look after yourself*

Trevor:

*Men, facing a lot of challenges, so it's the first challenge to go there to the mountain, cause it's not easy, it's painful. When you are there, you forget about your life, it's do or die. You can die there (chuckles). And you have to prepare yourself for anything.*

On the basis of these opinions and as has been voiced by informants in previous studies manhood is also largely understood as being inextricably linked with pain. The endurance of pain is the ultimate test of whether one has successfully transitioned into manhood. It is also thought to be a determinant or reflection of how one will cope with challenging circumstances in the future. It is also possible that the emphasis on the pain element is a result of the relatively shorter initiation period these days. Whereas in the past initiates would return to the community after a few months when the pain had subsided substantially, the three-four week initiation period means the 'wounds' are still fresh in the minds of the initiates upon their return. This might help to explain why Meintjes (1998) found that the discourse of the young contrasts sharply with that of the old regarding the social significance of circumcision. While the young emphasize themes of physical hardship and endurance, the elders, by contrast emphasize themes of learning and discipline (Meintjes, 1998: 101). However, it could also

be that young men today are less interested in learning and discipline and take that side of the initiation less seriously.

Interestingly, Niang and Boiro (2007) report that in the Fulbe and Balante societies of West Africa immediately after the surgical operation, the successful initiate will show the circumciser his index finger and say, “You can also cut my finger” as a sign of his bravery and contempt for pain (ibid: 29). This dramatic mockery of pain is a way of indicating to society that the circumcised male is “ready to suffer any physical wound and carry out any sacrifice without losing his courage,” (ibid: 29).

## **Social pressure: “I also wanted to; besides that my father would force me”**

Self-reports from Xhosa men highlight the extreme social pressure faced by uncircumcised men. Some of the reasons that have been cited for undergoing circumcision include the desire to avoid being called cowards by one’s peers, the desire to avoid being harassed and ridiculed and pressure from women and older people to maintain tradition (Vincent, 2008: 439). In particular and quite worryingly, are reports from the field of public health documenting the psychological trauma experienced by uncircumcised males who are ridiculed and harassed by their peers (Vincent, 2008: 439).

From the responses of all four interviewees it would appear that while they profess the desire to be recognized as legitimate Xhosa men as being the primary reason for undergoing circumcision, a combination of explicit social pressure and a desire rooted in their prior cultural socialization is in fact the principal reason for their decision.

When asked why many of his peers undergo circumcision and why he himself intends to undergo this ritual Kgomotso responded:

*I think they (other men) go because they feel the pressure...for me my friend became a man last year in December so now I felt the pressure, like can’t I go by June but they said no, December. So now **the whole year I’ve been feeling the pressure**<sup>13</sup>. I want to go because my friends, they’re men now. I think they’ve done everything now. So it’s pressure like that and then **your parents tell you that you have to go. From your older brother even.***

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<sup>13</sup> The text in bold appears as such for emphasis.

Trevor, who was circumcised at the age of 21, expressed similar sentiments:

*I went because it's culture...and then, people who were born in 1986 (when he was born) went there in 2003(when they were 17 years old), so I think it's also a pressure from the people who are the same age with me. The other thing that put us under pressure is the way men call a boy, they say "you are a dog," because you didn't go there. So you feel, ey, I must go so these people can shut their mouths. But even if there was no pressure I would have gone because it's a culture."*

Zimbardo and Ebbesen (1969) argue that a person's opinions and attitudes are strongly influenced by groups to which he belongs and wants to belong (Zimbardo and Ebbesen, 1969: 22). The above responses suggest that the perceptions of Xhosa boys on traditional circumcision have largely been shaped by their peers. They also call to mind Jenkins' view that "individuals' seek to 'be' and to be 'seen to be' 'something' or 'somebody' (Jenkins, 1996: 22).

For Andile, who had returned from the mountain three months prior to this interview, pressure from his family seems to have been particularly pronounced. However, in spite of his acknowledgement of this apparent pressure, he still claims that the decision to undergo the ritual was not made solely by his family. It was to a certain extent, a personal choice:

*I wanted to go there **because I knew I have to go there. My father would force me** even if I didn't want to. Everyone in my family, who is older than me is a man. And I also wanted to; besides that my father would force me...*

It is interesting to note that while acknowledging the role of social pressure in influencing their decisions, interviewees tried to retain some control over their personal narratives. Thabo is a case in point as his response below illustrates:

*"My culture and my tradition is very important to me. No one said to me, listen here, you have to go. The decision was solely mine to make. **If I decided not to go of course I would have been ridiculed by my peers. The respect would not have been there.** But for me, it's something that I had to do for myself, to become a man..."*

The desire to be seen as being in control of one's fate while simultaneously allowing a certain amount of external influence, calls to mind the debate in sociological theory regarding the influence of society on the individual. On one end of the spectrum (the so-called objective view) are those who argue that society is already determined and fixed and as such the individual needs to adapt to it. The alternative view (the so-called subjective view) which builds on Marx

Weber's ideas and which is reflected in the comment above, is that society is made of 'active' subjects whose response or reaction is a determining factor that constantly and consistently shapes society itself (Farzaneh, 2008).

Interestingly all interviewees claimed that *they* would not force any of their sons to undergo circumcision. Andile commented:

*I wouldn't force him but I would beg him and try and convince him to go. You need to put your boy with people you know that they like the culture. Unlike if you make his friends to be white people, he can't go there (to the mountain) if his friends are white people.*

With regards to pressure from the opposite sex, all four interviewees expressed the view that women seem to prefer circumcised males. On this issue Thabo comments:

*I think women prefer circumcised men because listening to their conversations sometimes they would talk about, 'I would never date **inkwenkwe**, which is a boy. Or maybe if she's fighting with another woman that (issue) would come up. Maybe the other lady is going out with a boy, then she would be insulted by the other one, on that. She'll say 'who are you' You are still even dating inkwenkwe.'*

On this issue Kgomotso voiced similar sentiments:

*It depends but the majority of girls now prefer 'men'. They say that 'men' are much more mature...*

Andile agreed with the above opinions but added that it also depends on the individual because in his case:

*I dated my girlfriend when I was a boy...but I'm still dating her now. But she won't go back to dating a boy*

Indeed, the overall impression is that young Xhosa men face tremendous pressure to undergo traditional circumcision and judging from some of the above comments it would appear that resisting this social pressure is next to impossible. However, a recent incident in which a 21 year old Xhosa man took his parents to court after he was forcibly circumcised suggests that the relic maybe slowing starting to lose its hold on young educated Xhosa men. Bonani Yamani is a second year micro-biology student at the University of the Free State who claims he was abducted soon after he turned 18 by his father and ten other men who forcibly circumcised him in his Eastern Cape village. The young man is fighting to "have forced circumcision declared unconstitutional," (Huisman, 2009). Results of the court case were still unknown at the time of going to print.

## Hegemonic masculinity

It was interesting to learn that hegemonic masculinity<sup>14</sup> has not gone uncontested within Xhosa tradition. While the traditionally circumcised man continues to represent hegemonic masculinity, respondents admitted that this is no longer the only form of masculinity among the Xhosa. This is in line with Connell's view that although hegemony embodies the currently accepted strategy, it does not imply total control and may in fact be disrupted (Connell, 2005). Specifically he argues that "when conditions for the defense of patriarchy change, the bases for the dominance of a particular masculinity are eroded," (Connell, 2005: 77). Subsequently, new groups may arise to challenge old solutions and thus create a new hegemony (Connell, 2005: 77).

Interviewees gave several examples of people they know who have refused to undergo traditional circumcision for varying reasons. For example Thabo made reference to an older cousin, aged 37 who is married and has children but refuses to undergo the ritual even though his younger brother and many of his male cousins have been to the mountain. According to Thabo, he refuses to undergo traditional circumcision on the basis that "he sees no use for it." Similarly Kgomotso spoke of a friend who refuses to partake in the ritual for religious reasons. "He is a Christian and says he does not see why he needs to go to the mountain." Andile also spoke about his neighbor who has vehemently refused to undergo traditional circumcision because he is a fully fledged member of the Rastafarian community<sup>15</sup>.

According to Connell, even where a dominant hegemony remains largely intact, those who decide to reject the hegemonic pattern and create a different form of masculinity "have to fight or negotiate" their way out of the hegemonic masculinity. Hence, some of those who have refused to undergo circumcision have cited religion as an alternative form of masculinity. Indeed as Connell argues, those who reject the hegemonic pattern cannot freely walk away from it; they have to establish some other claim to respect (Connell, 2005: 37).

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<sup>14</sup> R.W. Connell defines 'hegemonic masculinity' as the socially dominant construction of masculinity in a hierarchical gender order

<sup>15</sup> Rastafarianism is a religious and political movement originating in Jamaica in the 1930s that bases its doctrine on parts of the Bible and regards Ethiopia as the Promised Land with many members advocating nonviolence and rejecting materialism. Source: <http://www.answers.com/topic/rastafarianism>

## Traditional male circumcision and homosexuality

Lungi, a 19 year old homosexual man is an example of the emerging challenge to hegemonic masculinity in Xhosa society. He vehemently refuses to undergo traditional circumcision, although both of his older brothers have been to the mountain.

*My brothers they are circumcised...so a lot of times we fight about that because they also want me to circumcise. That doesn't suit my style of being homosexual. They say I'll never be a real man in this world because to become a real man you have to go first to the mountain, so I'll always be a boy.*

Indeed, in rejecting the hegemonic pattern Lungi has had to fight his way out of the dominant masculinity and defend his position.

*We (him and his brothers) disagree a lot. I was created to be homosexual. I didn't change myself. It's just the way that my genes are. To me it's normal, it's a part of nature because God created me the way I am and I won't try to change it because of them. I'm going to do what makes me happy.*

While he refuses to accept that his refusal to undergo circumcision makes him less of a person, he acknowledges that the ritual is an agent of socialization to an extent.

*I believe that my friends who have gone to the mountain have become real men because they have entered another stage of becoming an adult.*

However, he adds,

*I believe that what makes you older are the things that you do. Even if you've been circumcised but you still do childish things, you will be young. For me it's not about going to the mountain. It's about your dignity and the respect that you get from the people.*

It was interesting to learn that as a homosexual Xhosa man, Lungi is stigmatized more for being uncircumcised than for his sexual proclivity.

*I get the most pressure for being not circumcised because everywhere I go everyone says, "Hey you boy, you must get circumcised." They don't consider the side of being homosexual, what they tell me a lot is getting circumcised."*



## HIV/AIDS knowledge

Interviewees shared their thoughts on HIV/AIDS, i.e. what they knew about the epidemic in general, their thoughts on concurrent relationships as well as any information they may possess regarding the link between HIV/AIDS and circumcision.

Respondents were impressively well informed about the modes of transmission of the disease, the importance of the practice of safe sex and the importance of regular HIV testing. They cited newspapers and TV programmes as their primary sources of information. On the issue of multiple partners and the practice of safe sex, interviewees had this to say:

Andile:

*I have one girlfriend but most of my friends have about three or four. I also used to but I've changed. It was just a game. But now...I think it's the girl I'm dating now that made me change cause I was dating other girls when I met her, but after I met her I've changed...I protect myself all the time. I think it's very important. But friends man, friends can make you do something you don't want to do. They'll say oh you're using a condom, no...a lot of things man you know. It can make you say let me try this. And when you try it...you'll suffer.*

Trevor:

*I've got one girl. I used to have more but...I had to stop it cause you see these 'boys' like me very much so I have to set an example and say don't do this because this will put you in big trouble...I always go to HIV testing, every year and after every three months cause HIV you have to know your status...I know HIV and AIDS is there and its killing people. It makes your life short. You have to share and you have to go to support groups so you don't think about it. I think it's one of the stresses in people who are living with HIV because they don't want to talk.*

With regards to the protective impact of circumcision on HIV infection all four interviewees admitted that they did not have a clear understanding of the issue and seemed keen to learn more about the issue. Interviewee responses to this question are outlined below:

Andile commented:

*I just learnt last year that men (the circumcised) don't carry that poison, that disease HIV that easily but I don't believe it. I heard that*

*men don't get affected that much as boys. It's from the paper I just read a paper. I didn't get more information on it so that I could believe it.*

Similarly Thabo mentioned that he had heard about the supposed connection but however did not possess full information on the matter:

*I've heard something on TV that the risks of contracting HIV are less if you are circumcised but I won't be able to say how. Maybe it's because when you get circumcised the foreskin is no longer there, and so I would think that without a foreskin, because when you still have a foreskin it's not neat. So when you don't have a foreskin anymore it looks pretty. How can I put this? It's more hygienic but now I don't know how exactly it reduces your chances of contacting. Maybe it's because if you have a foreskin and you've had unprotected sex maybe the germ or the virus itself can still plant itself on the foreskin and find a way to spread.*

Kgomotso also acknowledged that there was a gap in his understanding of the issue:

*I haven't heard about the link between circumcision and HIV but I've heard that if you've got a foreskin you have a bigger chance of having a problem. We've just learnt it now in Science that the foreskin it catches all the dirt. So now that's a risk of getting some of the diseases. But I haven't heard the HIV one yet.*

The gap in knowledge demonstrated by these urban students is perturbing particularly in light of the fact that some African countries (notably Botswana and Swaziland) have gone so far as to design national rollout programs of male circumcision. Based on these responses it appears that there is probably a need for a campaign to raise awareness about the protective impact of circumcision on HIV infection.

## **5. Discussion**

What is interesting about our findings are the similarities between interviewee responses in this study and those from Meintjes' 1998 study. In some instances the responses are almost identical. For example, one of Meintjes' interviewees in the Eastern Cape explained that medical circumcision is unpopular among the Xhosa mainly because "the operation done in the hospital does not test the boy

as the medication and anesthetic administered prevent him from experiencing pain” (Meintjes,1998:89). Commenting on a similar issue in our study, Thabo explained, “for some people it felt like cheating because at the hospital you’ll be under anesthesia. And although the actual circumcising is not one of the major reasons why you go there, you have to feel the pain.” What this shows is that although the ritual has changed in some respects (e.g. the duration of the initiation period is now shorter), the essence of the ritual has remained largely intact. Unlike some African societies which have succumb to acculturation and have consequently abandoned the practice of traditional male circumcision (Botswana for example, and parts of Zambia and Zimbabwe) the Xhosa have managed to preserve this traditional rite of passage.

The reason of this preservation it would seem is that traditional circumcision is deemed a “total package.” It provides the socialization necessary for the transition to manhood-an element which is missing from the medical option. It also provides the pain and physical privation which medical circumcision largely circumvents and yet appears to be regarded these days as central to the transition to manhood. Thirdly, the stigma attached to medical circumcision contributes to the longevity of traditional circumcision.

All these factors pose a major challenge for a medical circumcision roll-out programme which would reduce the incidence of botched circumcisions considerably. The Eastern Cape has tried to incorporate trained surgeons within the cultural setting by promulgating the Application of Health Standards in Traditional Circumcision Act No. 6 (2001) which stipulates some of the following:

- 1) No person, except a medical practitioner may perform any circumcision in the Province without written permission of the medical officer designated for the area.
- 2) Where a proper surgical instrument has been prescribed or supplied ...the medical officer concerned must demonstrate to or train the traditional surgeon as to how the instrument should be used.
- 3) No person other than the traditional nurse, medical practitioner, the medical officer, or any other person authorized by the medical officer, may within a traditional context, treat an initiate.

However, not all practicing surgeons are officially registered with their provincial department of health as yet. Moreover, the persistence of botched circumcisions since its inception suggests that the Act has not been as effective as intended.

Another issue of concern is the limited knowledge on the link between HIV/AIDS and circumcision reflected by the interviewees during their interviews. Based on their imprecise responses, there is an urgent need to integrate HIV/AIDS and circumcision into higher education. Before a roll-out of medical male circumcision can even begin, the would-be recipients of its medical benefits need to be made aware of the research that has been conducted thus far, the debates and the potential benefits of the procedure. This could be done in conjunction with the four current HIV/AIDS communication programmes, namely Khomanani, Soul City, Soul Buddyz and Love Life.

It was evident and interesting to note throughout the interview process that the interviewees tried to claim ownership in the shaping of their identities. Like Thabo, who insisted that the decision to go to the mountain was solely his to make, all the interviewees tried to show that they have been active participants in the creation of their identities. However, it was clear that the creation of one's identity is also shaped to a large extent by one's immediate sphere of influence, as Andile argues: I also wanted to; besides that my father would force me. There is therefore a complex link between individual identity and one's cultural context as sociological theory has revealed. It is this fundamental problem which needs to be considered by those who would design a male circumcision roll-out programme.

## **6. Conclusion**

This paper explored the socio-cultural perceptions of young Xhosa-speaking men on traditional circumcision. It should be noted that the analysis presented in this paper is by no means comprehensive. The subject matter explored herein is extremely broad and may be assessed from various dimensions. Two central themes were investigated: the personal significance of the ritual; and the extent to which social pressure influences the decision to undergo traditional circumcision.

In-depth interviews conducted with four circumcised men and one homosexual man revealed that male circumcision is primarily understood as an agent of socialization and that the ritual carries social and cultural significance.

With regards to the construction of masculinity, the study found that manhood is understood in a number of ways. The dominant view is that manhood is inextricably linked to the endurance of pain. In addition it is widely acknowledged that the transition to manhood is accompanied by various social responsibilities. Finally, manhood is understood as being determined primarily

by one's journey 'to the mountain' and not by age or physical development. It was interesting to note that as is the case in other cultural and social settings hegemonic masculinity has not gone uncontested among the amaXhosa. Interviewees gave several examples of people within their own circles who have refused to subscribe to the tradition of male circumcision on the basis of religion and other personal reasons.

Respondents cited social pressure as strong influencing factor in an individuals' decision to undergo traditional circumcision. Pressure from one's peers, family members as well as from the opposite sex was alluded to in all four interviews.

The need for a more qualitative approach was made particularly clear by respondents' admittance of their lack of detailed information with regards to the link between circumcision and reduced risk of HIV infection. Respondents claimed that the majority of people are ill-informed and they showed an eagerness to learn the facts.

Overall we can conclude that it is imperative to take cognizance of the fact that male circumcision has multiple dimensions and should be understood in a much broader context than the dominant biomedical construction evident in the prevailing literature.

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